

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

ys.

mos.

ds.

How long in U. S., if of foreign birth?

ys.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Tandy H. Trice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 22/1840

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Missouri

13. NAME

B. F. Thornburgh

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Ireland

15. MAIDEN NAME

Susan Easton

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Kentucky

17. INFORMANT

(ADDRESS)

Mrs. J. E. Bryant
3419 W. Coleman Rd

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Joseph Mo.

DATE

10/20/37

19. UNDERTAKER

(ADDRESS)

Stine - Trice
1000 E. 10th St. Mo.

20. FILED

10-19

1937

M. M. Brown

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

10/18/37

HEREBY CERTIFY: That I attended deceased from

Oct - 16 - 1937 to Oct 18 - 1937

I last saw her alive on Oct - 17 - 1937

Death is said

to have occurred on the date stated above, at 5 A. M.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Carbuncles & furunculosis

for about one year

(Dr. Carl Schutz)

Other contributory causes of importance:

108

Name of operation none

What test confirmed diagnosis? Clinical signs

Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify only age & habits

(Signed) Herbert Trithill, M.D.

(Address) 1125 Rialto Bldg

